



Corres. and Mail
BOX AF

Docket No. 03500.014845

In re Application of:

ATSUSHI KAKIMOTO

Application No.: 09/678,893

Examiner: L.T. Jacobs

Filed: October 4, 2000

Group Art Unit: 2157

For: INFORMATION MANAGEMENT METHOD IN
NETWORK SYSTEM

Date: September 3, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

SEP 09 2004

Technology Center 2100

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 30 | MINUS | ** 24 | = 6 | x \$9 \$18 | \$108.00 |
| INDEP. CLAIMS | * 6 | MINUS | *** 3 | = 3 | x \$43 \$86 | \$258.00 |
| Fee for Multiple Dependent claims \$145°/\$290 | | | | | | 0 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$366.00 |

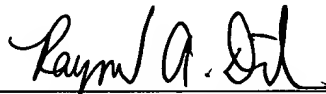
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 366.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Raymond A. DiPerna
Attorney for Applicant
Registration No. 44,063

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Corres. and Mail
BOX AF

RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
ART UNIT 2157

03500.014845

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: L.T. Jacobs
ATSUSHI KAKIMOTO)
: Art Unit: 2157
Application No.: 09/678,893)
: **RECEIVED**
Filed: October 4, 2000)
: SEP. 09 2004
For: INFORMATION MANAGEMENT)
: Technology Center 2100
METHOD IN NETWORK SYSTEM : September 3, 2004

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action dated June 3, 2004, please amend the above-identified application as follows pursuant to 37 C.F.R. § 1.116. The claims changes are reflected in the listing that begins at page 2, and the Remarks begin at page 13.

09/08/2004 SDENBOB1 00000013 09678893

01 FC:1202 108.00 OP
02 FC:1201 258.00 OP

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

September 3, 2004

(Date of Deposit)

RAYMOND A. DIPERNA, REG. NO. 44,063

(Name of Attorney for Applicant)



Signature

September 3, 2004

Date of Signature